



Headquarters and Headquarters Squadron Liberty/Leave Plan

RESET

This form will help Marines and their leaders identify and manage the risk associated with liberty/leave by identifying those risks and developing contingency plans and control measures. **This form is to be kept on file by the Marine's OIC until the Marine has safely returned from Liberty/Leave.**

Part A: PERSONAL INFORMATION (TO BE FILLED OUT BY INDIVIDUAL MARINE/SAILOR)			
NAME:	RANK:	AGE:	DEPARTMENT/SECTION:
LIBERTY/LEAVE DATES:	OCCASION: 72-Liberty 96-Liberty Leave		
DESTINATION:	DISTANCE TRAVELED: <100 miles <500 miles >500 miles		
MODE OF TRAVEL: Motorcycle Car Bus Airplane Other:			

Part B: SMALL UNIT LEADER QUESTIONS (TO BE FILLED OUT BY SNCOIC / OIC)				
<p>1. Travel Plan: Is the mode of travel appropriate for the distance being traveled? Yes No If traveling by POV, Liberty Limits are: Overnight (100 miles), 48/72-hour (315 miles), 96-hour (500 miles)</p> <p>2. Traveling by POV: Describe the Marine's Contingency Plan? Roadside Assistance Cell phone Extra Cash Emergency Kit Other: Is the Marine driving alone? Yes No Is the Marine aware of the Commanding Officer's Policy Letter 3-04? Yes No Is the Marine's vehicle road-worthy? Yes No Does the Marine's car have high-performance modifications? Yes No</p> <p>3. High Risk Activities (i.e. Dirt biking, Jet skiing, Rock climbing, etc): Is the Marine going to participate in any high-risk activities? Yes No Describe: Does the Marine possess appropriate protective equipment? Yes No Does the Marine have any prior experience or training? Yes No</p> <p>4. Drugs/Alcohol: Does the Marine anticipate being around alcohol or drugs? Drugs Alcohol Neither Is the Marine under-aged? Yes No Does the Marine understand (1) that drug use, DUI, and under-aged drinking are crimes under the UCMJ, and (2) the importance of drinking in moderation, having a designated driver, etc? Yes No</p> <p>5. Risk Management: What is the riskiest part of the Marine's Liberty/Leave plan? What steps is the Marine taking to reduce that risk? What is your overall assessment of this Marine's Liberty/Leave plan? Low Risk Medium Risk High Risk What additional measures have you directed in order to minimize the risk associated with this Marine's Liberty/Leave plan?</p> <p>6. Emergency Contact Information: Have you ensured the Marine has contact information (home/work/cell) for his/her NCOIC, SNCOIC, OIC, and for TRICARE? Yes No</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Marine/Sailor's Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td>SNCOIC / OIC Signature:</td> <td>Date:</td> </tr> </table>	Marine/Sailor's Signature:	Date:	SNCOIC / OIC Signature:	Date:
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Vehicle Inspection Checklist

	SAT	UN SAT	RECOMENDATIONS
DRIVERS LICENSE / VEHICLE INSURANCE			
DRIVER'S IMPROVEMENT COURSE MOTORCYCLE SAFETY COURSE (If applicable)			
HEADLIGHTS / TAIL LIGHTS / PARKING LIGHTS / BRAKE LIGHTS			
TURN SIGNALS / EMERGENCY FLASHERS			
TIRES: At least 1mm of tread over entire traction surface, free of breaks or cuts? Properly inflated? Spare tire, jack, lug wrench, etc. available?			
WINDSHIELD / WINDOWS: Not cracked, broken or scratched to the degree that impairs vision?			
WIPERS / DEFROSTER:			
MIRRORS: Outside and inside not cracked?			
BUMPERS:			
SEAT BELTS: Sufficient number of seat belts for all passengers? Serviceable?			
BRAKES / BRAKE FLUID			
PARKING BRAKE: Adjusted to prevent movement when engaged?			
EXHAUST SYSTEM: Free of leaks?			
HORN:			
EMERGENCY EQUIPMENT: First Aid Kit, flashlight, warning triangle, fire extinguisher, blanket, flares, shovel, chains, tools, etc.			
HAZARDOUS MATERIALS IN CAR: (i.e. oil, gas, antifreeze) ensure in approved containers.			
MOTORCYCLE SAFETY EQUIPMENT (if applicable): Approved helmet, protective clothing, gloves, reflective vest and face/eye protection?			
HIGH PEROFRMANCE MODIFICATIONS: Hi-flow Intake/Exhaust, Supercharger, Nitrous Oxide Injection, Slick/Racing Tires, etc.			